

Research Methods in Health Promotion
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Week 01
Lecture 02: Basic Principles of Health Promotion

Welcome back to our discussion on Research Methods in Health Promotion. In this lecture, we will be discussing regarding the basic principles of health promotion. In the previous lecture, we have discussed regarding the basics of health promotion. Here we will be going a little bit deeper, we will be focusing on the basic principles that guide the practices of health promotion. Because without understanding these principles, it will be a bit difficult for us to grab the research concepts that are employed in health promotion. So, in this lecture, we will be discussing regarding these aspects.

First, we will be discussing the Ottawa Charter, we will be giving a brief overview of Ottawa Charter. We have mentioned about the Ottawa Charter in the first lecture. Then we will show you the logo of health promotion. I believe many of you have already seen and already know about it.

Just to recapitulate all of this, we will be discussing these points. We will be discussing on the priorities for health promotion in the 21st century, because this is again another important area of discussion. And here we will be discussing regarding the Jakarta declaration as well, although in a very nutshell. And finally, we will discuss regarding the key principles of health promotion that will help us in understanding the research principles where we are going to do the research and how we are actually going to implement the research ok. So, now let us start our discussion.

First, we will be discussing regarding the Ottawa Charter for health promotion. Now, what exactly is this Ottawa Charter? The Ottawa Charter it actually came out in this as you can see I will be highlighting. See this is the first international conference on health promotion. It took place in 1986 and that is where the Ottawa Charter for health promotion was originated and it was a groundbreaking you know I call it a movement, because that is how health promotion already I mean it had a kick start after the Almaata declaration for primary health care that was the seed for health promotion and through the Ottawa Charter the discipline of health promotion got established and it started moving forward.

As I have already mentioned that it is you know it is based on the declarations of Almaata it was I mean regarding the primary health care.

As it is mentioned subsequently as you can see the Ottawa Charter it remains a vital reference for health promotion. The first lecture we discussed that the discipline of whole health promotion itself is a paradigm shift you know in the study of medicine and in the study of health as a whole and the Ottawa Charter it in itself is a vital reference for health promotion. You can call it as the starting point of health promotion or the basic reference point of health promotion right. So, what does the Ottawa Charter it gave us this is the logo for health promotion and it started or it originated or it was devised in this Ottawa Charter. So, what does this logo say? As you can see there is an outer circle you have a dot and you have a few wings it basically incorporates the action areas in health promotion and also the basic strategies in health promotion.

So, what are the basic strategies? It these strategies are enable, mediate and advocate. What do we mean by enable, mediate and advocate? The strategies they are in the middle of it ok. The center is the strategies in health promotion. What is enabling? Enabling means you enable a particular individual or a beneficiary or a stakeholder in doing something or in understanding something in a way to certain affective issues that is how you enable. So, the one of the basic strategies in health promotion is to enable a particular individual.

Next is mediate. So, enable the question regarding enabling is enable who, enable how, enabled by whom or by what strategy. These are the questions that we do or that we ask when we consider the term enable in case of health promotion. Next mediate, mediate means you are you know after enabling somebody to do something you are then the then the particular action it may mediate the person into a healthier status right. And we have another strategy that is called the advocacy component.

Perhaps in health promotion and in certain policy and program related aspects the advocacy component is the most important strategy right. So, these are the basic strategies they form the center of this health promotion logo and the surrounding this is the build healthy public policy. This red line the outer circle the outer red line it depicts the building healthy public policy. Why the public policy aspect is there as the outer circle? Because see the outer circle it basically holds all the issues or all the other action areas and also the different basic strategies in health promotion together. If you just simply

omit this red circle then these are just an open you know word cloud, but since you have this outer circle you can understand that these are the issues that are contained within this ok.

So, all of these are basically contained or interacting readily with the public policy aspect. If you do not have a healthy public policy then obviously, this outer circle will not be complete and you cannot really achieve health promotion even though you can implement certain basic strategies right. So, this is understood. Now what are the other action areas? First action area is building healthy public policy. What are the other action areas? As you can see these wings these depict different action areas.

Let us start with this wing, but it says create supportive environment. This is one of the action areas from building public policy then you ask the policymakers to create a supportive environment. Now this environment it not necessarily means the physical environment as we have again and again mentioned in the first lecture it obviously, means that the environment that is surrounding us the physical one, the social one, the cultural, the economic everything ok. Next come to this wing what is this? You have two components written here strengthen community action and then develop personal skills sorry. One of the you know way of looking into this is how I look into these two action areas is by starting to look into developing personal skills.

Because health promotion what is the essence of health promotion? It puts one in charge of their own health. So, it starts from an individual and it ultimately leads to the benefit of the whole community. So, developing personal skills you can consider this as an individual virtue. What health promotion does is it helps in developing personal skills and health promotion can only be done if we if your program or if your intervention has certain you know aspects regarding developing personal skills of those individuals. And then we move on to strengthening the community action because if a particular individual is you know is having certain good skills then we can think of having the community or benefiting the community in terms of those skills or we can have different groups with different skills ultimately the output of the community will be improved right.

So, that is how the community action the action may not be a particular skill the action is essentially the output that we get out of many people having different skills right. So, that needs to be strengthened and again you can consider this from a social and also from an economic point of view. So, these are the social and economic environments when the supportive environment is there these are also attained very easily. And see all of these wings the last one is the reorient health services, but only this one this

create strengthen community action and develop personal skill only this particular wing it intersects the outer circle right. But the other wings or the central dot it is contained within the outer circle.

So, what does this actually mean? It means that the healthy public policy it specifically needs to interact with the community and also the individuals to maintain all the other these action areas and the different strategies in place. And that is why this break in the outer circle it signifies the interaction between these five key action areas that is what this extension means that there must be an interaction and there must be mutual influences right. This is what we have been discussing in the previous slide I have mentioned over here. So, whenever you go through this slides you can just have a read as we have mentioned you know the red colored outer circle it is the building healthy public policies and it symbolizes that healthy public policies hold all the five key action areas that obviously, includes the in the public policies as well in place right. The round spot or the central dot that we have mentioned it stands for the three basic strategies what are the strategies enabling mediating and advocacy.

Now, these strategies see these strategies since they are in the central part they can be applied to all of these action areas. So, basically when we are going to implement something or you know do some research or through those action areas our strategies of developing intervention should focus on these three strategies because they are the basic strategies as per the Ottawa charter. And also if you consider any strategy that you are going to formulate they will ultimately fall into one of these the basics these basic strategies. For example, if I want to do a research on how the propaganda regarding wearing helmet while riding a motorcycle it actually helping people in reducing the number of road traffic accidents if this is what I want to research in. So, my question is clear I want to understand whether the program that is there and the propaganda that is there is basically reducing the outcome outcome means the adverse events during the road traffic accidents.

See here the intervention is use of helmet and how that is obtained that is obtained through regulatory approach or through these healthy public policy. The public policy is if you do not wear a helmet then the person riding that bike will be fine right these are certain punitive or regulatory measures, but that is in turn a healthy public policy. Thing is if we are going to understand whether this healthy public policy has ultimately contributed in reduction of the for example, the number of road traffic accidents or like this or the number of deaths. So, here the intervention is the program itself what actually it is doing it is basically enabling and also mediating please understand how it is enabling by proposing for using helmet it is enabling the individuals for safety and what it is mediating basically through enabling the individuals for safety it is mediating the safety of the surrounding and also safety of the particular

individual in a futuristic way because ultimately the loss of life or death or disability that will not be occurring. So, this policy ultimately mediates and results into a good health status or a better quality of life that means, promotion of health.

Now, if as an NGO we are directly communicating with the government and we are directly after communicating we are saying you implement another program or you implement another punitive action so, that people are more you know people are more cautious regarding use of helmets or use of seat belts. Now, as an NGO what I am doing? I am doing advocacy. So, whatever intervention basically we are going to give in health promotion they will fall in either any one of these three strategies or maybe a mix of these strategies. So, that is the importance of understanding the five action areas and also these strategies. We already discussed that the three wings what they represent strength and community action the outer wing strength and community action and develop personnel skills.

As we have mentioned that breaks the circle to symbolize that the policy circle has to constantly react to the changes in the society communities individuals in order to reflect these changes. Because see if the skill that is attained by an individual is relevant for example, now, but that particular skill may not be relevant for example, say in next 5 or 10 years. The policy should be something like it should interact regularly with this. Let us consider this example of helmet. Now what can be personnel skills? The personnel skill can be a particular rider is wearing the helmet and the particular rider is now enabled to ride the bicycle even after wearing the helmet.

Now this is a particular skill that will ultimately help and it will persist, but there may be certain skills that may not be you know that may not ultimately help. For example, if certain automated drives are there for example, cars are some times there which are automated. For example, if we consider you know the auto gear cars a particular individual has learnt how to drive with a particular gearbox or something like that. Now I am just giving you an example the examples can be anything else, but if now the auto-gear technology is there and most of the cars that are manufactured as auto-gear and high end cars are all auto gear. So, the driver does not necessarily need to shift gear and all those things that is not there.

So, now that particular skill is obsolete, but what is still persisting is the control of the vehicle is the knowledge about the rules and regulations in the in the streets and also the particular safety concern for example, seat belt. So, the healthy public policy if a particular individual knows how to ride a car

with a gear it is fine, but the policy should now not dictate that a particular individual must understand how to ride a car with a gear because there are certain gearless vehicles. So, you please understand the shift over here a particular skill was necessary a few months back or a few years back. Now with the advent of a newer technology that skill is not really necessary. What the public policy or the healthy public policy needs to do is it needs to reflect on it and it is it needs to change.

So, that the other areas for example, creating supporting environment also the reorienting health services these can change and you can come up with newer enabling or mediating or advocating strategy for promoting health right. So, all that we have discussed now in the previous slide we did mention that the bottom wing it represents reorienting health services. Now what actually reorienting health services means whatever health services that we have as we were mentioning that particular skill can be obsolete or it can be perpetual in nature. Reorienting health services is something like that the health services that is there it some services can be you know it can be perpetual that may be required like that only, but certain services you know may become obsolete after a couple of years for example, with the advent of a newer technology. So, what actually is required for reorienting health services is to have a focus on how to prevent the disease, what are the newer evidence or newer information on preventing the disease and also through preventing the disease promoting health.

A quick example regarding this is during the early days of COVID-19 pandemic there was a huge confusion regarding what is the mode of spread or how did the COVID-19 virus spread. Then there were there was a large number of paper in fact, was it did it spread through touch or through the surface or did it spread through aerosol or something like that. So, the thing is when the concept basic concept what it did it spreads through the surface infected surface, then what we used to do we used to clean the surface we used to wear gloves and everything, then the concept gradually changed and we started to understand it is spread through air. Then we had a better focus or you know a more vigilant initiative towards wearing masks and since we know that if the virus is airborne and even if we wear mask it can infect anybody focus was more shifted towards having us vaccinated right. So, this is how reorienting health services all of these are health services, but we have to reorient based on newer information and newer evidence.

So, that diseases can be prevented and the health of the individual and the community can be protected. Now the next part of discussion was that the priorities of health promotion in the 21st century. We mentioned that the priorities of health promotion in 21st century will be focusing mostly on the Jakarta declaration because health promotion started with the Ottawa charter and next in 21st century the thrust

in health promotion it came through Jakarta declaration ok. So, basically what are the key priorities that were identified in this Jakarta declaration first promoting social responsibility for health. So, that means, the definition is it is called the social responsibility it is not you know just simply responsibility economic or something like that.

So, that it cannot be just you know accepted or denied it is a social thing you have to focus on health promotion from a social perspective right. Then there is there should be increase investments for health development consolidate and expand partnerships for health these are complementary because if you have consolidating and expansion of partnership for health then they will ultimately you know result in increased investment for health development. Then you have increased community capacity and empowerment these are already a part of health promotion and has been focused in the Ottawa charter as well. So, community capacity building and empowerment perhaps is even more important nowadays because ultimately through health promotion we are going to you know give the power of choosing what happens and what not in terms of health through the community or the individual to themselves only right. And lastly secure an infrastructure for health promotion.

So, infrastructure or resource these are always important and although they were mentioned in some way during the Ottawa charter, but it came to the forefront during this Jakarta declaration ok. So, these are the priority areas that will be focusing and these will help you understand the research focus or the topics that we want to you know do when we ultimately discuss the research hypothesis or the questions in health promotion. Finally this brings us to the last segment of this lecture and also the last segment of basics related to health promotion that is the key principles that guide the health promotion or the health promotion strategies. There are different principles participation is the most important principle that will be discussing at the last. To start with context integration what is the context? It is the focus on the health of population and its context that means, the social and economic determinants or you can consider context as the determinants of health right.

So, there you need to analyze the gaps that is there in the health system or delivery of the health system of health care seeking anything. There you can for example, implement the health education strategies that will ultimately help you know in guiding health promotion. Integration the multidimensional nature of health or we were discussing about the interdisciplinarity in intervening or you know finally, implementing the health promotion that component is addressed through integration. We integrate the different determinants we integrate the different parts without integration health

promotion cannot exist health promotion cannot exist in silo ok. Next health promotion it is basically the responsibility of the state.

What is loosely said is that a particular research or a particular activist group they can come up with a model, but ultimately it is the responsibility of the state or the government to firmly implement the public health policies or the public health actions. Because without the governments help you cannot really implement certain public health actions you can only develop a models that is what this key principle states that overall it is the responsibility of the state. And through responsibility the state has to accept the accountability for protecting maintaining and improving the health of its citizen and the need to include health as a major component in all of its discussions charters or you know other aspects. Good health as a public good it is very simple principle as a whole you know good health it is not only beneficial to a particular individual it is also beneficial to the community. For example, if a young student is in good health and in good shape the particular student can read well the particular student can perform all the daily activities and everything and ultimately can you know have an influence in improving the economic status of the society as a as a whole.

So, that is how good health is in itself a public good and it is a principle for health promotion. As we have mentioned that participation is perhaps the most important principle in health promotion it is called as the core principle in health promotion because without participation we cannot really achieve health promotion. Participation means as we have mentioned in the first lecture participation means it is not only regarding the beneficiaries it is not only the engagement of the beneficiaries it is the engagement of all the stakeholders. So, if we discuss this in terms of health promotion research or from a research point of view who are the stakeholders in research the policy makers who are who are looking at you for the evidence that you are going to generate you yourself or see for example, us who are actually doing the health promotion research and also the beneficiary pool on whom you are going to do the research and who will ultimately get the benefit of the research right. So, through participation or through engagement all of these stakeholders they must be tied in a single thread because they are all related it is not only about the beneficiaries or it is not only simply about the for example, the funding agency or the policy makers who are looking towards you or in fact, it is not really about you only that you are going to do a research you get certain data and you just publish it your work is done no that is not how health promotion works.

So, health promotion research it is guided through participation, participation of all the stakeholders right. So, see this this fourth bullet it is very important individuals and communities need to participate

right from the definition of the problem through to the generation of adequate solution that means, health promotion basically generates the demands it understands the demands and it creates the solution from within the community as a whole right. Because if you do not generate the demand and if you just simply put a solution on the community that may not be accepted. So, that is why health promotion focusing on the social and also the ecological aspect of different health issues it is effective or you know it is more effective per say in solving these health related problems or preventing the different health issues ok. Also see this the level of engagement of individuals may vary depending on their interest and capabilities yes this is true, but remember as a researcher it is our responsibility to engage all the stakeholders who are there.

If we miss any stakeholder then the research may not be ultimately you know fruitful the way we want it to be, but yes the extent can vary. So, this is what we discussed in this particular lecture the second lecture we discussed regarding the Ottawa charter. We mentioned the total charter is a landmark in the study of health promotion, we mentioned about the logo the three health promotion strategies and the five action principles or action areas in health promotion. We mentioned the guiding principles in health promotion these are the main principles, but there may be some more principle as well you can think of it and you can easily come up with a few more and we encourage you to put a few more principles over there in the discussion forum and let us start discussing regarding this. Please remember that participation is the core principle in health promotion research and action without participation it is not only about the participation of beneficiaries I am telling you again again and again it is the participation of all the stakeholders and that means, your participation as well right.

So, this is these are the resources I request you to these the resources for lecture 1 and lecture 2 they are the same I request you to go through these resources at least once. So, till this point we have discussed regarding basic elements of health promotion and from the next lecture onwards we will be digging a bit deeper on the different health promotion research steps research strategies like this. So, I hope this part is clear the basic concepts of health promotion particularly the basic strategies and the action areas they will be very much helpful when we devise different you know research questions research hypothesis and try to analyze those right. So, that is it for this lecture and that is it for the basics of health promotion see you in the next lecture.